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August 15, 1988

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Merrill S. Hohman, Director
 Waste Management Division
 United States Environmental Protection
 Agency
 Region I
 J. F. Kennedy Federal Building
 Boston, Massachusetts 02203

AUG 18 88

WASTE MANAGEMENT DIVISION

RE: Section 104 Request for Coakley Landfill
 Site in North Hampton, New Hampshire

Dear Sir or Madam:

I represent Atlantic Venture, Inc., which received a request for information relating to the Coakley Landfill site. Atlantic Venture, Inc. was initially incorporated October 23, 1986. (See attached certificate.) We are advised that the Coakley Landfill operated from 1972 to 1982. Hence, it was impossible for Atlantic Venture, Inc. to have shipped any wastes to Coakley Landfill.

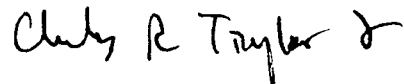
Additionally, Atlantic Venture, Inc. is not the successor in interest to any other entity. At the time of its incorporation Atlantic Venture, Inc. acquired its assets by asset purchase from an unrelated entity.

GORDON, FEINBLATT, ROTHMAN, HOFFBERGER & HOLLANDER

Merrill S. Hohman, Director
August 15, 1988
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Since it is impossible for Atlantic Venture, Inc. to be responsible for wastes disposed at Coakley Landfill, I am providing only this response to your request. If this response is not sufficient under Section 104 of CERCLA or Section 3007 of RCRA, please advise what further information you request.

Very truly yours,



Charles R. Taylor, Jr.

CRT/tab

cc: Mr. William A. Kroh
Zelig Robinson, Esquire



STATE OF MARYLAND

State Department of Assessments and Taxation

GORDON, FEINBLATT, ETAL.
233 E. REDWOOD ST.
BALTIMORE

MD 21202

082C3000860

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THE
ARTICLES OF INCORPORATION
OF
ATLANTIC VENTURE, INC.

HAVE BEEN RECEIVED AND APPROVED BY THE STATE DEPARTMENT OF ASSESSMENTS
AND TAXATION THIS 23RD DAY OF OCTOBER , 1986, AT 9:57 A.M.
AND WILL BE RECORDED.

DEAN W. KITCHEN
By.....CORPORATE ADMINISTRATOR

<u>FEE PAID</u>	<u>FEE CODE</u>	<u>AMOUNT</u>	<u>CO. CODE</u>	<u>DOCUMENT REFERENCE</u>
RECORDING FEE	61	20	74	
ORG. & CAP. FEE	20	20	74	
CERTIFIED COPY FEE	13	10	74	

YOUR CORPORATE IDENTIFICATION NUMBER IS **02221695**

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box (es) for additional service(s) requested.

1. ☒ Show to whom delivered, date and address of addressee. 2. ☐ Restricted Delivery

3. Article Addressed to:

ATLANTIC VENTURE, INC.
 c/o William A. Kroh
 401 E. Pratt St. Ste 1344
 Baltimore, MD 21202

4. Article Number: **PT44 466 616**

Type of Service:

☐ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail

5. Return to Sender if Undeliverable ☐ **DATE DEEMED:**

6. Signature: *[Signature]*

7. Date of Delivery: *[Signature]*

PS Form 3811, Rev. 1-80

DOMESTIC RETURN RECEIPT